

**Testimony on behalf of the North Central Regional Mental Health Board  
Before the Judiciary Committee  
Regarding TO HB 5531  
An Act Concerning the Care and Treatment of Persons with a Mental Illness or Substance Use Disorder  
March 18, 2016  
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Senator Coleman, Representative Tong and distinguished Senators and Representatives of the Judiciary Committee,  
My name is Marcia DuFore. I am writing as Executive Director on behalf the North Central Regional Mental Health Board and as an active member of the Keep the Promise Coalition.

Our Board has had numerous discussions about the topic of Assisted Outpatient Treatment and has decided that they do not wish to take a stand on this issue. Our members represent differing views about the helpfulness of such an approach. So what I hope to do with this testimony is to raise some issues and questions that are important to consider prior to passing legislation that includes provisions for forced treatment.

Our Board's responsibility, established by Connecticut statute over 40 years ago, is to study the mental health needs of people in our region and assist the Department of Mental Health and Addiction Services to set priorities for improved or expanded services to meet those needs. In order to carry out that responsibility, we do a lot of listening. We hear and hope to give voice to the stories of people in our region. This is one of our most important responsibilities - to ensure that the voice of people most impacted by the system of care have a strong voice in guiding and monitoring that system.

A large percentage of our members are people in recovery from mental health or addiction disorders. In large part, they are opposed to Assisted Outpatient Treatment. They describe painful experiences with forced treatment that they perceived to be more harmful than helpful. They describe, instead of help, trauma and degradation that caused them to distrust and want to avoid all contact with the system of care and treatment providers. They express concern about the over use of medication as the treatment of choice, without consideration of less intrusive approaches.

We also represent family members who are tormented by the lack of effective treatment for their loved ones. They believe that if their loved one would just be compliant (or could be made to be compliant) with prescribed medications, things would be better. They have seen our system fail their loved ones over and over again. Sometimes we fail to engage the person in effective treatment because they simply do not want it. Often, we fail to engage the person because the right kind and level of assistance is not available at the right time or in a way the person can accept it. We anticipate that, with the funding reductions planned for mental health and addiction services, this will only get worse.

The following are some important considerations:

- The raised bill requires a consideration of less intrusive measures be considered before issuing an order authorizing the conservator to consent to forced medication. As just mentioned, Connecticut is considering significant reductions for funding mental health and addiction services. Will Connecticut be in a position to ensure access to an array of less intrusive services and supports prior to authorizing the administration of forced medication? If so, what will be the cost of implementing this legislation given the array of less intrusive measures that must be enhanced or at least sustained?

- Are hospitals in a position to hold people for as long as it takes for a conservator to be appointed. What we often hear from people and their families is that, all too often are people discharged from the hospital without connection to needed supports or timely access to outpatient care. What we often hear from hospitals is frustration that they are forced to keep people hospitalized beyond an appropriate length of stay because of the lack of treatment and support options available in the community. How will this legislation address these concerns?
- Are there sufficient conservators who know and care about individuals being considered for forced treatment available to accept these appointments? Many of the family members we work with are concerned about acting as conservator for their loved ones – believing that overriding the individuals' right to choose and consent to treatment is likely to destroy the last vestige of a relationship they have with their loved ones. All too often the probate courts must find attorneys to act as conservators for individuals who do not have loved ones willing or available to accept that responsibility. What is the cost of those appointments to the system? What is the cost of those appointment to the individuals who are left with conservators who do not know them making decisions of such paramount importance in their lives?
- Our Board believes that support, care and treatment are important for helping people recover. How well does this bill accomplish that? There are many states with similar laws in place. What has been the result for them and the individuals who were subjected to forced medication? Were they helped and engaged in treatment? Did they eventually develop a trusting relationship with a therapist and start on a path toward recovery? Did they also engage in other supportive services like peer support, psychosocial rehab, supportive housing – things our constituents have said are as critical to their recovery as medication? This issue has come up several times before the Connecticut with task forces established to study the issue and make recommendations. To date, none of these task forces have recommended forced treatment. DMHAS has consistently taken the position that, as opposed to forcing treatment, we can and must improve our ability to help – offering a variety of paths to recovery and a focus on building relationships that empower and encourage people to get better. Unless we are doing our best with that, we need to be very cautious about imposing a modality of treatment on people who we have failed to engage in less intrusive other ways. We do have to try harder and we will be challenged to do so given the reductions to mental health and addiction services proposed in the 2016-17 budget.
- Other costs that should be considered in your deliberations:
  - Human suffering – for individuals and families traumatized by crises, lack of services, and also the forced treatment process
  - Police and ambulance for transport
  - Hospital emergency visit for forced administration of medication
  - Filing fees for conservator appointments
  - Payment to conservator when no one who cares about the person is available

Thank you for all you do and for your time and attention to these important matters before you.